

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.  FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5	1					
6		1				
7	1					
8		1				
9		1				
10	1					
11		1				
12		1				
13	1					
14		1				
15		1				
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47						
48						
49						
50						
<b>TOTAL IND.</b>	<b>3</b>					
<b>TOTAL DEP.</b>	<b>12</b>					
<b>TOTAL CLAIMS</b>	<b>15</b>					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
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98						
99						
100						
<b>TOTAL IND.</b>						
<b>TOTAL DEP.</b>						
<b>TOTAL CLAIMS</b>						